

Volunteer Registration Form

(Completing this form is not a commitment on your part but for the Board to use in creating the Emergency Dispensing Site plan. Once the plan is completed you will be contacted with more information and training opportunities and you can change your mind at any time.)

Name: _____

Address: _____

Best way to contact you:

Telephone number(s):

Home: _____ Work: _____ Cell Phone: _____

Email address: _____

In the event of a clinic set up, could you be available within 24 hours of being called?

☐ Yes ☐ No

Do you have any other obligations in the event of an emergency (example: Red Cross, hospitals, etc)? ☐ Yes ☐ No

Do you speak another language other than English, please list the language(s)? _____

Do you have a Bus driver's or CDL license? ☐ Yes ☐ No

Do you hold any professional licenses (example: RN, LPN, EMT, MD etc), please list?

After viewing the EDS job descriptions; what jobs would you have the skills to do?

Please submit this form to: **Lunenburg Board of Health,
PO Box 135
Lunenburg, MA 01462**